



Seafarers' Welfare Fund

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Website: swf.govmu.org

DATABASE FORM 2023

Surname:

Other Name:

Date of Birth: Age:

N.I.C:

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Address:

.....

Tel No.: (Home) Mob:

Email Add:

Present Occupation:

Discharge Book No.: MAU.....

Rating:

Maritime Qualification held: Valid Or Expired

NB: If valid, annex all related documents

Current Status: ACTIVE * OR RETIRED OR UNREGISTER
(Tick as appropriate)

Marital Status:

Name of Spouse:

Next to Kin:

Number of Dependent (Children):

Seafarer Initial:



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Name and NIC of Dependent (Children):

1. Name:
NIC :
2. Name:
NIC :
3. Name:
NIC :
4. Name :
NIC :
5. Name :
NIC :

Details of Spouse

Surname: Maiden Name:

Other Name:

Address:

.....

Tel:

Date of Birth:

N.I.C:

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Seafarer Initial:



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Seafarers working details

Month/Year started career as seafarer:

Month/Year stopped: (if retired)

No. of years/ months of effective searime:

Have you been at sea during the past TWO (2) years: YES NO

If NO, give reasons:

Last 3 occupations:

1. From (mnth/yr):To(mnth/yr):.....
2. From (mnth/yr):To(mnth/yr):.....
3. From (mnth/yr):To(mnth/yr):.....

I, Mr./Mrs., declare that all the information given on this form are true and correct and any wrong or incomplete information given will result in annulation of this database form.

Date:

Signature:



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The following documents should be produced and photocopies submitted when depositing the survey form: -

1. Discharge Book of the Seafarer (Complete Copies)
2. Birth & Marriage Certificate of Seafarer
3. Related Maritime Qualification certificate
4. National Identity Card of the Seafarer and Spouse
5. Birth Certificate of Children of Seafarer
6. National Identity Card of Children (If Available)
7. Student Identity Card of Children
8. Proof of Address of Seafarer